WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

West Virginia Hospital Ebola Preparedness Survey Results

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Summary

The following report is a snapshot of hospital preparedness for Ebola Virus Disease between October 29 and November 3, 2014. The survey was distributed by the West Virginia Centers for Threat Preparedness to hospital Threat Preparedness Coordinators. The survey was distributed to 59 facilities, including 52 acute care hospitals (ACH) and critical access hospitals (CAH), two Veterans Affairs Medical Centers (VAMCs), three rehabilitation centers, and two psychiatric facilities. Data from the VAMCs, rehabilitation hospitals, psychiatric facilities and one ACH were dropped from the analyses because the preparedness needs of these facilities differ from the other 51 ACH/CAHs in the state. Of the 51 remaining CAH/ACHs, we received 44 responses for a response rate of 86%.

At the time of this report, November 23, 2014, all 44 facilities reported they would have an Ebola protocol in place. All facilities responding indicated that their protocols are in line with Center for Disease Control and Prevention (CDC) recommendations for personal protective equipment (PPE) as of October 20, 2014, and most facilities have begun training staff on their protocols and PPE donning/doffing. All facilities are screening for travel to West Africa during the admissions process and have designated an isolation room for a suspect Ebola patient. Most facilities will have designated an Ebola site manager and 77% should have held an Ebola drill by this time. Six facilities have indicated willingness to receive a suspected/confirmed Ebola case from another facility, and the West Virginia Center for Threat Preparedness will be working with those facilities to develop a list of designated facilities in the state that will receive suspected/confirmed Ebola cases and provide care until they can be transferred to a national Ebola treatment facility.

There are areas where efforts for improvement can be targeted. Nearly a quarter of facilities had not planned on holding an Ebola drill by mid-November. Drills can help staff become comfortable with their facility's protocol and identify deficiencies and/or weaknesses in the facilities plan, which can subsequently be addressed. Only 66% of facilities indicated that they had an adequate supply of PPE to care for a suspected Ebola case for 24 hours, and numerous facilities listed acquisition of recommended PPE as a problem due to nation-wide demand and backorders from suppliers.

While all facilities have an Ebola protocol in place, 26% do not have a facility exposure management plan that addresses decontamination and follow-up of an affected healthcare worker in case of any unprotected exposure, which is vital to preventing spread among healthcare workers and their contacts. In addition, only 64% of facilities indicated that they can process routine laboratory specimens from patients with suspected Ebola (e.g. complete blood count, chemistry laboratories), which may delay much needed care to patients while the facility waits for CDC to confirm or rule out Ebola infection. Finally, while 80% of facilities plan to transfer a suspected Ebola patient as soon as they are identified, only 60% of those facilities have an internal plan for patient transfer and only 11 out of these 35 facilities (31%) have coordinated with the facility they plan to transfer to, a percentage which should increase once the West Virginia Center for Threat Preparedness has released a list of officially designated Ebola facilities.

While West Virginia ACH/CAHs have done an admirable job of preparing for a potential Ebola patient, there is room for improvement. The West Virginia Department of Health and Human Resources should continue to work with public health partners, including local health departments, emergency medical services, and directly with facilities through their threat preparedness coordinators and Infection

Preventionists to improve Ebola preparedness state-wide. Through the survey, facilities have indicated what they need in the way of assistance for Ebola preparedness. These requests, as well as the areas identified as having room for improvement, should be discussed during West Virginia Department of Health and Human Resources Ebola Planning meetings so that internal, and potentially external, resources can be directed towards addressing deficiencies identified through the survey.

The West Virginia chapter of the Association for Professionals in Infection Control and Epidemiology (WV-APIC) has representatives from the majority of ACH/CAHs, as well as other types of healthcare facilities across the state, and regularly provides support to members on a wide variety of infection control issues, including emergency preparedness. WV-APIC members have indicated a willingness to provide consultation to Infection Preventionists state-wide on infection control issues related to Ebola preparedness, regardless of membership and the West Virginia Department of Health and Human Resources encourages facilities without WV-APIC representatives to support membership for their Infection Preventionists.

"." Indicates missing data.

Q1. Does your hospital have an Ebola protocol in place?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	4.5	4.5	4.5
	Yes	42	95.5	95.5	100.0
	Total	44	100.0	100.0	

If "Yes", an Ebola protocol is in place:

Q1a. Is it in line with current CDC personal protective equipment (PPE) guidance, published 10/20/2014? See http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	42	100.0	100.0	100.0

If "Yes", an Ebola protocol is in place:

Q1b. Have healthcare workers who may be involved in the care of Ebola patients (ex.ED Staff) received (or currently receiving) training related to your Ebola protocol?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	7.1	7.1	7.1
	Yes	39	92.9	92.9	100.0
	Total	42	100.0	100.0	

If "Yes", an Ebola protocol is in place:

Q1c. Has your hospital established a facility exposure management plan that addresses decontamination and follow-up of an affected healthcare worker in case of any unprotected exposure?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11	26.2	26.2	26.2
	Yes	31	73.8	73.8	100.0
	Total	42	100.0	100.0	

If "No", an Ebola protocol is not in place:

Q1d. Will you have one in place in the next two weeks?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	100.0	100.0	100.0

Q2. Has your hospital designated a room or unit where an Ebola patient would be isolated?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	100.0	100.0	100.0

Q3. Is your facility able to process routine laboratory specimens from patients with suspected Ebola (e.g. complete blood count, chemistry laboratories)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	2	4.5	4.5	4.5
	No	14	31.8	31.8	36.4
	Yes	28	63.6	63.6	100.0
	Total	44	100.0	100.0	

Q4. Has your hospital identified a site manager to ensure the safe and effective delivery of care for an Ebola patient?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	13.6	13.6	13.6
	Yes	38	86.4	86.4	100.0
	Total	44	100.0	100.0	

If "No", a site manager has not been identified:

Q4a. Do you plan to appoint a site manager in the next two weeks?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	16.7	16.7	16.7
	Yes	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

Q5. Have healthcare workers who may be involved in the care of Ebola patients (ex. ED Staff) been practicing donning/doffing appropriate PPE?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	8	18.2	18.2	18.2
	Yes	36	81.8	81.8	100.0
	Total	44	100.0	100.0	

If "No", healthcare workers have not been practicing donning/doffing:

Q5a. Do you plan to begin practicing donning/doffing appropriate PPE within the next two weeks?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	12.5	12.5	12.5
	Yes	7	87.5	87.5	100.0
	Total	8	100.0	100.0	

Q6. What type of respiratory PPE is your hospital planning to use during the care of an Ebola patient?

N95

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	18	40.9	40.9	40.9
	N95	26	59.1	59.1	100.0
	Total	44	100.0	100.0	

PAPR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	19	43.2	43.2	43.2
	PAPR	25	56.8	56.8	100.0
	Total	44	100.0	100.0	

- 10 facilities plan to use N95 + another form of respiratory protection
- All facilities have designated the type of respiratory protection they will use

Other Respirator

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	40	90.9	90.9	90.9
	CAPR	3	6.8	6.8	97.7
	Possibly use Turbo PAPRs	1	2.3	2.3	100.0
	Total	44	100.0	100.0	

Q7. Does your hospital have an adequate supply of appropriate PPE to care for an Ebola patient for 24 hours?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	15	34.1	34.1	34.1
	Yes	29	65.9	65.9	100.0
	Total	44	100.0	100.0	

If "Yes", hospital has supply for at least 24 hours:

Q7a. How many units of PPE do you have in stock (1 unit = all PPE needed to care for an Ebola patient: gloves, gown, apron, boot covers, hood+ N95 respirator or PAPR)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	???	1	3.4	3.4	3.4
	.	1	3.4	3.4	6.9
	100	3	10.3	10.3	17.2
	12	1	3.4	3.4	20.7
	15	1	3.4	3.4	24.1
	15 units	1	3.4	3.4	27.6
	18	1	3.4	3.4	31.0
	2 Units	1	3.4	3.4	34.5
	200	2	6.9	6.9	41.4
	30	2	6.9	6.9	48.3
	300	1	3.4	3.4	51.7
	300 Sets per [redacted] policy and procedure	1	3.4	3.4	55.2
	35	1	3.4	3.4	58.6
	40	1	3.4	3.4	62.1
	44	1	3.4	3.4	65.5
	5	1	3.4	3.4	69.0
	50	2	6.9	6.9	75.9
	6	1	3.4	3.4	79.3
	60	1	3.4	3.4	82.8
	65	1	3.4	3.4	86.2
	75	1	3.4	3.4	89.7
	80	3	10.3	10.3	100.0
	Total	29	100.0	100.0	

Q8. Is your ED triage nurse, or other staff involved with patient admission processes, screening new patients for travel history to Liberia, Sierra Leone, and Guinea in the 21 days prior to patient's visit?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	100.0	100.0	100.0

Q9. Has your hospital held an Ebola drill?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	26	59.1	59.1	59.1
	Yes	18	40.9	40.9	100.0
	Total	44	100.0	100.0	

If "No", drill has not yet been held:

Q9a. Do you plan on holding one in the next two weeks?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	10	38.5	38.5	38.5
	Yes	16	61.5	61.5	100.0
	Total	26	100.0	100.0	

Q10. Do you plan to transfer an Ebola patient to another facility as soon as they are identified?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	20.5	20.5	20.5
	Yes	35	79.5	79.5	100.0
	Total	44	100.0	100.0	

If "Yes", plan to transfer patient:

Q10a. Do you have an internal plan for patient transfer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	1	2.9	2.9	2.9
	No	13	37.1	37.1	40.0
	Yes	21	60.0	60.0	100.0
	Total	35	100.0	100.0	

If "Yes", plan to transfer patient:

10b.Have you already coordinated with the facility you will transfer to?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	2	5.7	5.7	5.7
	No	22	62.9	62.9	68.6
	Yes	11	31.4	31.4	100.0
	Total	35	100.0	100.0	

Q11. Would your facility be willing to receive a suspected or confirmed Ebola patient from another facility? (Indicating "Yes" does not mean you will receive an Ebola patient from another facility, this is for planning purposes only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	1	2.3	2.3	2.3
	No	37	84.1	84.1	86.4
	Yes	6	13.6	13.6	100.0
	Total	44	100.0	100.0	

Q13. Does your staff have state and/or local health department contact information?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.	1	2.3	2.3	2.3
	Yes	43	97.7	97.7	100.0
	Total	44	100.0	100.0	

Q12. Please tell us what resources and/or website you have found the most helpful in your Ebola response planning.				
		Frequency	Percent	Valid Percent
Valid	.	6	13.6	13.6
	All, CDC, State, Emory, UNMC	1	2.3	2.3
	CdC	1	2.3	2.3
	CDC	6	13.6	13.6
	CDC APIC	2	4.5	4.5
	CDC HANs Weekly DHHR teleconferences	1	2.3	2.3
	CDC WV DHHR	1	2.3	2.3
	CDC WVDHHR	1	2.3	2.3
	CDC WVDHHR Emory Webinar	1	2.3	2.3
	CDC and BPH as well as local health dept.	1	2.3	2.3
	CDC and State Department of Health	1	2.3	2.3
	CDC through Yolanda and Samatha, but difficult to keep up with due to all the changes	1	2.3	2.3
	CDC updates, Health Dept meetings.	1	2.3	2.3
	CDC website Information from state health department	1	2.3	2.3
	CDC Website and notifications from the WV Division of Threat Preparedness	1	2.3	2.3
	CDC, APIC	1	2.3	2.3
	CDC, Emory, APIC	4	9.1	9.1
	CDC, Emory, Nebraska	1	2.3	2.3
	CDC, Emory, Nebraska, WHO, Health Department, DHHR	1	2.3	2.3
	CDC, State Health Dept. BPH	1	2.3	2.3
	CDC, WV DHHR	1	2.3	2.3
	CDC, WVHA	1	2.3	2.3
	CDC,, Emory University, Nebraska (HEROES)	1	2.3	2.3
	CDC,WVDHHR,WVHA, WV Center for Threat Preparedness	1	2.3	2.3
	CDC/[redacted] Corporate Office	1	2.3	2.3
	Emory, Nebraska	1	2.3	2.3
	State Health Department and Local Health Departments. CDC updates.	1	2.3	2.3
	University of Nebraska	1	2.3	2.3
	We are relying on WVBPH to make arrangements to transfer the patient to a higher level of care, we have no infectious disease physician on staff.	1	2.3	2.3
	WV Homeland Security, and parts of CDC...at time confusing	1	2.3	2.3
	Total	44	100.0	100.0

Q14. What additional assistance or information do you feel your hospital needs to be prepared for an Ebola patient?			
		Frequency	Percent
	Ability to get one piece tyvec or impervious coveral more timely along with long PAPR hoods. Our PPE is providing high protection, but is time consuming and layered. Aside from the world-wide news broadcast on Ebola discussions, there has not been a strong presence on Ebola Education for the general public.	1	2.3
	Additional equipment and professional training	1	2.3
	Additional Grant funding to support ongoing needs	1	2.3
	ADDITIONAL PPE	1	2.3
	Additional trainers for PPE, guidance on identification of in-state regional Ebola hospitals, assistance with transport of specimen to state lab	1	2.3
	Appropriate levels of PPE are scarce and unreasonably priced. Appropriate PPE is also being allocated or back orderd in many instances.	1	2.3
	As much information as possible and access to acquire recmommended information. It is difficult when all items remain on back order.	1	2.3
	Assistance developing transfer plan, Assistance obtaining PPE (we are back ordered), Guidance on protocols for personnel management after staff have been Ebola caregivers (where to stay, isolate from family?, facility staffing), Assistance with WV law regarding refusal to care for EVD patient, protocols for disinfection of belt-mounted PAPRs	1	2.3
	Assistance in obtaining additional PPE, hoods/neck covering, or other backordered items.	1	2.3
	Clarification on survey questions #17 - transfering Ebola patient within WV or to Ebola Center; #18 - suspected or confirmed are really 2 different questions	1	2.3
	Continued networking opportunities with community providers to include MDs, EMS. Continued reassurance to public and staff related to realistic information on Ebola. we will continue to drill and receive / disseminate relevant, new information	1	2.3
	Could care for patient for up to 3 days days	1	2.3
	Funds and Equipment	1	2.3
	Names of hospitals in the state who will accept an Ebola patient. Locations which will have emergency PPE supplies should we run out.	1	2.3
	Need additional PAPR hoods and Tyvek suits or comparable coverage that is larger than XXXXL. XXXL does not fit some our staff members well enough to allow for movement without possibly compromising the integrity of the suit.	1	2.3
	None	1	2.3
	None, we have drilled found our weaknesses and drill again with corrections.	1	2.3
	PPE getting hard to obtain We are a small critical access hospital and the care required for an Ebola patient would be beyond our resources, desigantion of hospitals capable of treating and transport services designated.	1	2.3
	PPE Supplies Additional Guidance on Response, Decon & Disposal of Waste	1	2.3
	presently working on coalition between hospital, health dept, EMS, Fire and Police	1	2.3
	problems receiveing PPE. Hoods and shoe covers on backorder.	1	2.3
	supplies; need to know if there are going to be designated facilities in WV to which we can transfer a patient for higher level of care	1	2.3
	Supplies; very hard to come by as most vendors have lengthy back orders and also training	1	2.3
	Training for donning and doffing PPE	1	2.3
	Transfer Protocols Local or Regional Fatality Protocols	1	2.3
	We are a small Critical Access facility. We do not have teh capability of caring for an Ebola (or other communicable disease) and need to transfer the patient to a more approperiate facility as soon as they are identified. We have gathered and distributed Ebola information and are in the process of obtaining additional PPE for the initial contact of such a patient. We would need imediate assistance with personnle, additional PPE and transfer arrangements.	1	2.3
	We have [redacted] corporate resources, and support	1	2.3
	We would receive additional PPE from our corporate partners within our Health System ([redacted]). Also, plans are being made to coordinate delivery of portable lab equipment if needed (along with staff trained to operate). We need more collaborate with EMS/First Responders	1	2.3
	Will need PPE and PAPRS	1	2.3
	Total	44	100.0